

PRESCRIPTION DRUG AFFORDABILITY

Mr. WYDEN. Mr. President, I have come to the floor repeatedly over the last few months to talk about the importance of prescription drug coverage under Medicare for the Nation's senior citizens. Today I want to focus on how the absence of this coverage essentially undermines our entire health care system.

What we are seeing is that every day, in the United States, senior citizens who are ailing from a variety of health problems end up getting sicker because they are not able to afford their prescription medicine. Very often these seniors end up being hospitalized and needing vastly more expensive medical services that are made available under what is called Part A of the Medicare program.

Today, I want to describe a case I recently learned about in Hillsboro, OR, because it illustrates just how irrational, how extraordinarily illogical, it is to have a health care system for the Nation's senior citizens that does not cover prescription drugs.

An orthopedist from Hillsboro, OR, recently wrote me that he actually had to hospitalize a patient for over 6 weeks because the patient needed antibiotics that they were not covered on an outpatient basis.

Here you had a frail, vulnerable older person. The physician, and all the medical specialists involved, believed that person could be treated on an outpatient basis with antibiotics, but because there was not Medicare coverage available on an outpatient basis—because there was not the kind of coverage Senator DASCHLE has been talking about and Senator SNOWE and I have made available in the Snowe-Wyden bipartisan legislation—because that coverage was not available to the senior citizen in Hillsboro, OR, that older person had to be hospitalized for over 6 weeks.

Here is what the doctor said to me:

This method of treatment [the preferred outpatient method of treatment] is cost effective and is preferred by patients and doctors. In this case, the patient is condemned to spend 6 weeks in the hospital solely to receive intravenous antibiotics. To me, this seems like a tremendous waste of money and resources. The patient would be better at home.

What this case illustrates is exactly why we need, on a bipartisan basis—the Snowe-Wyden legislation is one approach; our colleagues may have other ideas on how to do it—but this is a case study on why it is so important to cover prescription drugs for older people under Medicare.

We are not talking about some abstract academic kind of analysis that comes from one of the think tanks here in Washington, DC. This is a physician in Hillsboro, OR, who had to put a patient, an older person, in a hospital for

6 weeks because they could not afford to get their medicine on an outpatient basis.

A lot of our colleagues are here on the floor who are on the Commerce Committee. We look at technology issues at that Committee. The irony is, we can save money, again, through the use of new technology in health care.

The kind of treatment that would have been best for this older person in Oregon would have been through an electronic delivery system the older person could have used on their belt for a relatively short period of time had Medicare covered that prescription the older person needed. But because that person could not get coverage for the antibiotics and use that electronic delivery system on an outpatient basis, which they could wear on their belt, they had to go into a hospital for 6 weeks.

Colleagues, we are going to hear a lot over this break from senior citizens and families about the importance of this issue. I intend tomorrow, again, to come to the floor and discuss this matter. Senator DASCHLE has made it very clear to me, and talks about it virtually every day, that he wants to have the Senate find the common ground. He wants Senators to come together and deal with this on a bipartisan basis. The Snowe-Wyden legislation is one approach. Our colleagues have other bills.

The point is, let us make sure, in this session of Congress, that in Arkansas, in Washington, and in the State of Nevada, we do not have older people hospitalized unnecessarily for 6 weeks because we have not come together as a Senate to make sure they can get those medicines on an outpatient basis.

Science has given us cost-effective, practical remedies for these people in need, remedies that will reduce suffering and will reduce costs to taxpayers.

Let us come together, on a bipartisan basis, to make sure we do not adjourn without adding this important benefit to the Medicare program.

As I have made clear, I intend to keep coming back to the floor of the Senate until we, on a bipartisan basis, as Senator DASCHLE has suggested, come together and get this important job done.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

ORDER OF PROCEDURE

Mr. GORTON. I ask unanimous consent that I be permitted to speak in morning business for not to exceed 10 minutes.

Mr. BRYAN. Reserving my right to object, and I assure my colleague I will not, I wonder if my colleague would be amenable to a unanimous consent request that following the 10 minutes the

Senator is requesting, I be permitted 10 minutes as well. I make that request because unless I do so, at 11:30 I might be precluded.

Mr. GORTON. I am delighted to. I amend my unanimous consent request to include the request of the Senator from Nevada.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. GORTON. Mr. President, I ask unanimous consent that I be added as a cosponsor of S. 2004, the Pipeline Safety Act of 2000 introduced earlier this year by my colleague from Washington State, Senator MURRAY.

The PRESIDING OFFICER. Without objection, it is so ordered.

PIPELINE SAFETY

Mr. GORTON. I am here to address the issue of pipeline safety, an issue that people in most communities, cities, and towns do not concern themselves with unless, regrettably, a tragedy occurs, such as the one that took place in Bellingham, WA, last June.

The devastating liquid pipeline explosion that rocked the city of Bellingham and took the lives of three young boys rightfully served as a wakeup call and focused our attention on the need for pipeline safety reform. While pipelines continue to be the safest means of transporting liquid fuels and gas, and though accidents may be infrequent on the more than 2 million miles of mostly invisible pipelines in the United States, Bellingham has shown us that pipelines do pose potential dangers that we ignore at our peril.

In testifying on the Bellingham incident before a House committee last fall, I commented that while Congress had an obligation substantively to revise the Pipeline Safety Act in response to the clarion call for Bellingham, proposals for specific changes to the law seemed premature at that time. State and local officials in Washington State, as well as citizens groups, environmentalists, and various Federal oversight bodies, were just beginning to examine the accident and its causes.

The Commerce Committee, of which I am a member, has primary jurisdiction over this bill in the Senate, and last year I implored the chairman, Senator MCCAIN, and other committee members to make the reauthorization a top priority. Last week, at my request, the Commerce Committee scheduled the first Senate hearing on the topic of pipelines.

The field hearing to address the Bellingham incident and the State's response to it will be held in Bellingham, WA, next Monday, March 13.

I encourage my colleagues from the Senate Commerce Committee to come to Bellingham next Monday to hear firsthand testimony from the families